- Bas Rhin Ischaemic Heart Disease Register (Certified Register 2013-2016)

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General

Identification

Detailed name	Bas Rhin Ischaemic Heart Disease Register (Certified Register 2013-2016)
CNIL registration number, number and date of CPP agreement, AFSSAPS (French Health Products Safety Agency) authorisation	CNIL no. 997139

General Aspects

Medical area	Cardiology
Pathology (details)	Epidemiology, public health
Keywords	mortality and fatality, Ischaemic heart disease. Population registry. Epidemiological indicators: morbidity

Scientific investigator(s) (Contact)

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Collaborations

Funding

Funding status	Public
Details	National Institute for Healthcare and Medical Research - INSERM Institute for Public Health Surveillance - InVS

Governance of the database

Sponsor(s) or organisation(s) responsible	Université de Strasbourg - Faculté de médecine
Organisation status	Public

Additional contact

Main features

Type of database

Type of database	Morbidity registers
Additional information regarding sample selection.	Selection of subjects having the required inclusion criteria.Several sources are used to identify cases: - Teaching hospitals (ER, cardiac surgery, intensive care, cardiology departments, etc.) - General hospitals (ER, intensive care, cardiology departments, etc.) - Private clinics with cardiology department- SAMU, ASUM, SOS Médecins emergency services - Hospitals and departments not specialising in cardiology or intensive care - Retirement homes, medium- and long-term stays- Other hospitals (rural)- Regional-level departments for health and social affairs (DDASSs) - Private-practice GPs, cardiologists and other consultants if required - Cardiac rehabilitation centres

Database objective

Main objective	The permanent monitoring of the Bas-Rhin population aged 35 to 74 and systematic, continuous recording of cases of myocardial infarction and coronary deaths allow for the continuous estimation - as well as development - of a certain number of epidemiological indicators concerning coronary disease: incidence rates, annual occurrence rates (incident and recurring events), death rates by myocardial infarction; coronary and presumed coronary death rates; fatality rate at 28 days - hospital and general coronary. These indicators can be supplied by gender, age and year. Although changes in trend are observed over time, it is possible to estimate the proportion attributable to the reduction in incidence of coronary events and the proportion attributable to the reduction in fatality. Joint analyses are performed on a regular basis with the other two French registries on ischaemic heart diseases, which use the same methodology. The register is a reference tool for validating epidemiological indicators for coronary disease, constructed from other data sources (estimation validation of indicators from the PMSI hospital database for myocardial infarction, validation of indicators for coronary mortality and sudden death from the CépiDc's national death statistics). Parallel to recording coronary disease, surveys on representative samples of the general population are carried out at regular intervals with a view to studying the level of cardiovascular risk factors and how they evolve. Development of descriptive studies completing the basic recording: since 2006, recording of all acute heart failure (myocardial infarction, acute coronary syndromes, unstable angina); periodic recording of out- and inpatient treatment for episodes of acute heart failure, etc. Thanks to the ischaemic heart disease register, several analytical epidemiology studies have been developed (ECTIM case-control and PRIME cohort). Use of data from the register to evaluate the merits of an approach measuring - on an ecological basis - the influence of lifestyle and socioeconomic status on the link between atmospheric pollution and myocardial infarction in the Urban Community of Strasbourg (CUS).
Inclusion criteria	Monitoring of population living in the Bas-Rhin aged

	35 to 74 inclusive. Recording of the following pathologies: 1) Myocardial infarction: events reported by clinicians as a myocardial infarction (or equivalent term). 2) Death: - certain coronary deaths (myocardial infarction or other coronary clinical history) or probable coronary (subjects died without apparent cause, but with a history of coronary disease) - sudden deaths occurring in less than 24 hours without other evident cause of death and without a history of coronary disease - deaths with insufficient data (the cause of death could not be established) Since 2006, in the same age range, additional recording of events reported by the clinician: acute coronary syndrome, unstable angina, clinical complications with aggravation of coronary disease.

Population type

Age	Adulthood (25 to 44 years) Adulthood (45 to 64 years) Elderly (65 to 79 years)
Population covered	Sick population
Pathology	IX - Diseases of the circulatory system
Gender	Male Woman
Geography area	Departmental
French regions covered by the database	Alsace Champagne-Ardenne Lorraine
Detail of the geography area	Bas-Rhin region

Data collection

Dates

Date of first collection (YYYY or MM/YYYY)	1984

Size of the database

Size of the database (number of individuals)	[10 000-20 000[individuals

Details of the number of individuals	1997-2008: 13 620

Data

Database activity	Current data collection
Type of data collected	Clinical data Administrative data
Clinical data (detail)	Direct physical measures
Administrative data (detail)	identification data, place of birth (INSEE coding), place of residence (INSEE coding)
Presence of a biobank	No
Health parameters studied	Health event/morbidity Health event/mortality

Procedures

Data collection method	Active From 1984 to 1994, recording under the MONICA-WHO project. Recording has begun again since 1997.
Classifications used	Demographic variables: places of birth and residence: coding of municipalities (INSEE code) Clinical variables: clinician diagnoses coded according to the ICD 9 classification
Participant monitoring	Yes
Details on monitoring of participants	Vital status: survival at 28 days for all recorded events is systematically researched
Links to administrative sources	Yes
Linked administrative sources (detail)	PMSI

Promotion and access

Promotion

Link to the document	http://tinyurl.com/PUBMED-RCIBR

Access

Terms of data access (charter for data provision, format of	Publications, oral communications, annual reports, leaflets/monographs

data, availability delay)	
Access to aggregated data	Access on specific project only
Access to individual data	Access on specific project only